

45th National Indian and Native American Employment and Training Conference – WIOA Section 166/PL 102-477
 May 4-9, 2025 | Omni Providence Hotel | Providence, Rhode Island



TRAINING REGISTRATION



Organization: _____

Mailing Address: _____ Phone: () _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____ Email Address: _____

Please list the names(s) and title(s) of individuals who will be attending. If you are not sure of the name(s) of the individual(s) who will be attending, write in "unsure." (Type or print clearly.) *Email addresses are needed for the electronic event platform.*

Selection Required
 Organization Type (166, 477, Federal, Business, etc.)
 166 477 Other _____

Name (to be used for badge)		Title/Position (to be used for badge)	1 st Time Attendee	New Director	T-Shirt Size*
First	Last				
		Email Address: _____			
		Email Address: _____			
		Email Address: _____			
		Email Address: _____			
		Email Address: _____			
		Email Address: _____			
		Email Address: _____			

*S, M, L, XL, 2X, etc. for planning purposes only

Mail form and payment to: Lorenda T. Sanchez, 166 Treasurer, 2025 NINAETC-166/477 Executive Committee
 738 North Market Boulevard, Sacramento, California 95834

or Email to: training@cimcinc.com

For registration information, contact: training@cimcinc.com or (916) 920-0285.

NINAETC-166/477 USE:

PO Amt.: \$ _____ PO# _____ CM Amt.: \$ _____ CM# _____ Date Received: _____

Amt. Received: \$ _____ Ck.# _____ Cash Credit Card Date Received: _____

REGISTRATION FEES

RECEIVED

BY **March 10, 2025**\$450.00 per person
 March 11, 2025 – **March 24, 2025**\$500.00 per person
 March 25, 2025 – **April 7, 2025**\$550.00 per person
 April 8, 2025 through Onsite\$650.00 per person

Payment, Purchase Order, or Credit Memo must be received by email, fax, or be postmarked (regular mail) by the due date.

All registration fees are non-refundable.

Registrants: _____ x \$ _____ (fee) = \$ _____

Make payable to: **NATIONAL INDIAN AND NATIVE AMERICAN EMPLOYMENT TRAINING**

Check # _____ Amt. \$ _____

Purchase Order # _____ Amt. \$ _____

Credit Memo # _____ Amt. \$ _____

VISA / MasterCard (\$15.00 fee per registrant)

Total Registration fees \$ _____

+ Registrants: _____ X \$15.00 = \$ _____

= Total Credit Card Payment \$ _____

Card No: _____

Expiration Date: _____

Cardholder's Name (printed): _____

Card Billing Address: _____

_____ INCLUDING ZIP CODE

Card Billing Phone No.: _____

Cardholder's Signature: _____